

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

UNITED STATES DISTRICT COURT

for the
Middle District of PennsylvaniaDERRICK LEE HOLLOWMAN - PROSE
Petitioner

v.

Case No.

3:19-CV-80

(Supplied by Clerk of Court)

SCOTT FINLEY (WARDEN)
Respondent

(name of warden or authorized person having custody of petitioner)

FILED
SCRANTON

JAN 14 2019

PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

Personal Information

PER

DEPUTY CLERK

1. (a) Your full name: DERRICK LEE HOLLOWMAN
- (b) Other names you have used: NONE
2. Place of confinement:
 - (a) Name of institution: FEDERAL CORRECTIONAL INSTITUTION SCHUYLKILL
 - (b) Address: P.O. BOX 759
MINERSVILLE, PA 17954-0759
 - (c) Your identification number: 24429-057
3. Are you currently being held on orders by:

☒ Federal authorities
 ☐ State authorities
 ☐ Other - explain:
4. Are you currently:

☐ pretrial detainee (waiting for trial on criminal charges)
 ☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime

If you are currently serving a sentence, provide:

 - (a) Name and location of court that sentenced you: L. RICHARDSON PREYER FEDERAL
BUILDING, 324 W. MARKET ST., SUITE #1, GREENSBORO, N.C. 27401
 - (b) Docket number of criminal case: 1:09-CR-00050-WO-1
 - (c) Date of sentencing: NOVEMBER, 17th 2009

☐ Being held on an immigration charge
 ☒ Other (explain): BEING HELD ON A FALSE SENTENCE OF (228)
MONTHS.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Decision or Action You Are Challenging5. **What are you challenging in this petition:**

- ☒ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)
- ☐ Pretrial detention
- ☐ Immigration detention
- ☐ Detainer
- ☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
- ☒ Disciplinary proceedings
- ☐ Other (explain): _____

6. Provide more information about the decision or action you are challenging:

- (a) Name and location of the agency or court: FEDERAL CORRECTIONAL INSTITUTION Schuylkill, P.O. Box 759, MINERSVILLE, PA 17954-0759
- (b) Docket number, case number, or opinion number: _____

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

SINCE FEBRUARY 18, 2015 I HAVE BEEN DENIED MEDICAL TREATMENT, AND HAVE BE SUBJECT TO BOTH CRUEL AND UNUSUAL PUNISHMENT, AND RETALIATION BY THE STAFF HERE AT Schuylkill.

(d) Date of the decision or action: FEBRUARY 19, 2015**Your Earlier Challenges of the Decision or Action**7. **First appeal**

Did you appeal the decision, file a grievance, or seek an administrative remedy?

- ☒ Yes ☐ No

(a) If "Yes," provide:

- (1) Name of the authority, agency, or court: FEDERAL CORRECTIONAL INSTITUTION Schuylkill, P.O. Box 759, MINERSVILLE, PA 17954-0759
- (2) Date of filing: MAY 11, 2016
- (3) Docket number, case number, or opinion number: 862968-FI
- (4) Result: WARDEN B.A. PERDUE sided with his staffs NEGLIGENCE.
- (5) Date of result: JUNE 29, 2016
- (6) Issues raised: CLINICAL DIRECTOR ELLEN MACE-LEIBSON IN AN ATTEMPT TO COVER UP A MISTAKE MADE BY THE MEDICAL DEPARTMENT, TOTALLY IGNORED WRITTEN B.O.P. policy BY CREATING FALSE RAST TEST RESULTS (ABOUT MY FOOD ALLERGIES,

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

AND THEN SENT THESE RESULTS TO THE KITCHEN AS A DIET ORDER. THIS ACTION HAS PLACED MY HEALTH, AND LIFE IN DIER JEOPARDY.

(b) If you answered "No," explain why you did not appeal: _____

8. Second appeal

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☒ Yes

☐ No

(a) If "Yes," provide:

- (1) Name of the authority, agency, or court: REGIONAL DIRECTOR, FEDERAL BUREAU OF PRISONS, U.S. CUSTOMS HOUSE, SECOND & CHESTNUT STREETS, Phil. PA
- (2) Date of filing: MAY 1, 2016 (SENSITIVE) 19106
- (3) Docket number, case number, or opinion number: 861304-R1
- (4) Result: REJECTED. MY LIFE BEING IN DANGER WASN'T A SENSITIVE MATTER.
- (5) Date of result: MAY 6, 2016
- (6) Issues raised: POLICY UNDER THE U.S. DOJ F.B.O.P. PROGRAM STATEMENT HAD BEEN VIOLATED BY CLINICAL DIRECTOR ELLEN MACE-LEIBSON. AND THAT MY LIFE WAS IN DANGER DUE TO THE FACT THAT MY ALLERGY TEST RESULTS HAD BEEN ALTERED IN THE FORM OF A DIET ORDER WICH FORCES ME TO EAT FOODS THAT IM EITHER ALLERGIC TO, OR EAT NOTHING AT ALL.

(b) If you answered "No," explain why you did not file a second appeal: _____

9. Third appeal

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☒ Yes

☒ No

(a) If "Yes," provide:

- (1) Name of the authority, agency, or court: _____
- (2) Date of filing: _____
- (3) Docket number, case number, or opinion number: _____
- (4) Result: _____
- (5) Date of result: _____
- (6) Issues raised: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not file a third appeal:

RECEIVING THREATS, FALSE DISCIPLINARY
PLACED ON LOCK-UP.

RETRALIATION: I STARTED

10. Motion under 28 U.S.C. § 2255

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes☒ No

If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

(b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes☒ No

If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: _____
- _____
- _____
- _____
- _____
- _____
- _____

11. **Appeals of immigration proceedings**

Does this case concern immigration proceedings?

☐ Yes

☒ No

If "Yes," provide:

- (a) Date you were taken into immigration custody: _____
- (b) Date of the removal or reinstatement order: _____
- (c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes

☒ No

If "Yes," provide:

- (1) Date of filing: _____
- (2) Case number: _____
- (3) Result: _____
- (4) Date of result: _____
- (5) Issues raised: _____
- _____
- _____
- _____
- _____

- (d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes

☒ No

If "Yes," provide:

- (1) Name of court: _____
- (2) Date of filing: _____
- (3) Case number: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (4) Result: _____
- (5) Date of result: _____
- (6) Issues raised: _____
- _____
- _____
- _____
- _____
- _____

12. Other appeals

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☒ Yes ☐ No

If "Yes," provide:

- (a) Kind of petition, motion, or application: ADMINISTRATIVE REMEDIES
- (b) Name of the authority, agency, or court: FEDERAL CORRECTIONAL INSTITUTION
P.O. Box 754, MINERSVILLE, PA 17904
- (c) Date of filing: (6-20-2017) (5-12-2017) (7-9-2017) AND (9-11-2017)
- (d) Docket number, case number, or opinion number: 906179-A1, 906179B1, 906444-F1
- (e) Result: IN ALL CASES THE MEDICAL DEPT. WAS ABLE TO GET BACKED.
- (f) Date of result: 9-19-2017, 8-8-2017, 7-6-2017, 6-29-2017
- (g) Issues raised: (1.) I WAS BEING FORCED TO EAT FOODS THAT IM ALLERGIC TO, OR NOT EAT AT ALL. (2.) MY TEST RESULTS HAD BEEN CHANGED IN THE FORM OF A DIET ORDER. (3.) B.P.P. POLICY HAD BEEN VIOLATED, AND THAT MY LIFE HAD BEEN PLACED IN DANGER.
- _____
- _____
- _____

Grounds for Your Challenge in This Petition

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

GROUND ONE: THE DELIBERATE AND UNNECESSARY WITHHOLDING OF FOOD ESSENTIAL TO NORMAL HEALTH IS DELIBERATE INDIFFERENCE TO MEDICAL NEEDS AND VIOLATES THE EIGHTH AMENDMENT. IT IS MY RIGHT TO BE PROVIDED HEALTHY AND NUTRITIOUS FOOD.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(a) Supporting facts (Be brief. Do not cite cases or law.):

SINCE I ARRIVED HERE AT F.C.I. Schuylkill (2-18-2015) I HAVE BEEN FORCED TO MISS WELL OVER (1000) MEALS DUE TO MY FOOD ALLERGIES. I'M NOT GIVEN ANY SUBSTITUTES UNLESS THE FOODS ARE ON MY DIET ORDER. I'VE ACTUALLY HAD TO BUY MY FOOD - PAY OTHER INMATES TO BRING ME FOOD THAT I'M NOT ALLERGIC TO FROM THE KITCHEN.

(b) Did you present Ground One in all appeals that were available to you?

☒ Yes☐ No

GROUND TWO: Right to be free from the infliction of CRUEL AND UNUSUAL PUNISHMENTS AS GUARANTEED BY THE EIGHTH AMENDMENT. VIOLATION OF EIGHTH AMENDMENT RIGHTS HAS BEEN FOUND WHEN THERE IS AN INTENTIONAL DENIAL OF NEEDED MEDICAL CARE.

(a) Supporting facts (Be brief. Do not cite cases or law.):

MY MEDICAL RECORDS WILL SHOW THAT I WAS NEVER GIVEN MY PRESCRIPTIONS TO BOTH BENADRYL OR CLARITIN. AND BECAUSE OF THIS DURING THE SUMMER I CAN'T EVEN GO OUT SIDE FOR RECREATION UNLESS IT'S RAINING OUTSIDE.

FOR NEARLY (14) YEARS, BOTH MY FOOD ALLERGIES AND CHRONIC RHINITIS HAVE BEEN TAKEN AS A JOKE BY THE MEDICAL DEPT.

(b) Did you present Ground Two in all appeals that were available to you?

☒ Yes☐ No

GROUND THREE: COURTS DEFINE "SERIOUS MEDICAL NEED" AS "ONE THAT HAS BEEN DIAGNOSED BY A PHYSICIAN AS MANDATING TREATMENT OR ONE THAT IS SO OBVIOUS, THAT EVEN A LAY PERSON WOULD EASILY RECOGNIZE THE NECESSITY OF A DOCTOR'S ATTENTION."

(a) Supporting facts (Be brief. Do not cite cases or law.):

ON THE DATE OF JULY 31, 2017 I WAS SERIOUSLY INJURED AND HOSPITALIZED AFTER BEING FED FOOD THAT I WAS HIGHLY ALLERGIC TO. I WAS GOING INTO ANAPHYLACTIC SHOCK. AND THEN ON THE DATE OF 11-30-2018 DURING AN INSTITUTIONAL LOCK DOWN I WAS ONCE AGAIN GIVEN SOMETHING THAT I WAS ALLERGIC TO, AND I HAD TO BE GIVEN A BENADRYL INJECTION.

(b) Did you present Ground Three in all appeals that were available to you?

☐ Yes☒ No

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

GROUND FOUR: PRISON officials must follow their own rules. If PRISON officials fail to follow their own rules and regulations, PRISONERS CANNOT BE FAULTED FOR FAILING TO DO BETTER.

(a) Supporting facts (Be brief. Do not cite cases or law.):

RECORD show that by having me placed on a self select diet violates the FEDERAL BUREAU OF PRISONS, CLINICAL PRACTICE GUIDELINES, MANAGEMENT OF FOOD ALLERGIES, SEPTEMBER 2012, PAGES 19-21, AS WELL AS SEVERAL B.O.P. POLICIES UNDER THE OFFICERS CODES OF CONDUCT. QUESTION is why has CLINICAL-DIRECTOR ELLEN MACE-LIEDSON BEEN ALLOWED TO VIOLATE POLICY FOR SO LONG.

(b) Did you present Ground Four in all appeals that were available to you?

☒ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

ALL GRIEVANCES CONCERNING MY HOSPITALIZATION ON THE DATE OF July 31, 2018 HAVE DISAPPEARED, AND AS ALWAYS ALL OF MY INCOMING LEGAL MAIL HAS BEEN OPENED, EVEN IF THE MAIL CLEARLY STATES "OPEN ONLY IN MY PRESENCE."

Request for Relief

15. State exactly what you want the court to do: IN THESE (3) ALMOST (4) YEARS MY IMPRISONMENT HAS BEEN MADE MORE BURDENSOME THAN THE LAW ALLOWS, AND HAS CURTAILED MY LIBERTY TO A GREATER EXTENT THAN THE LAW PERMITS. I HUMBLY REQUEST THAT THE REMAINDER OF MY SENTENCE BE TERMINATED, AND THAT I'M RELEASED TO START MY LIFE AS A FREE MAN ONCE AGAIN

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Declaration Under Penalty Of Perjury

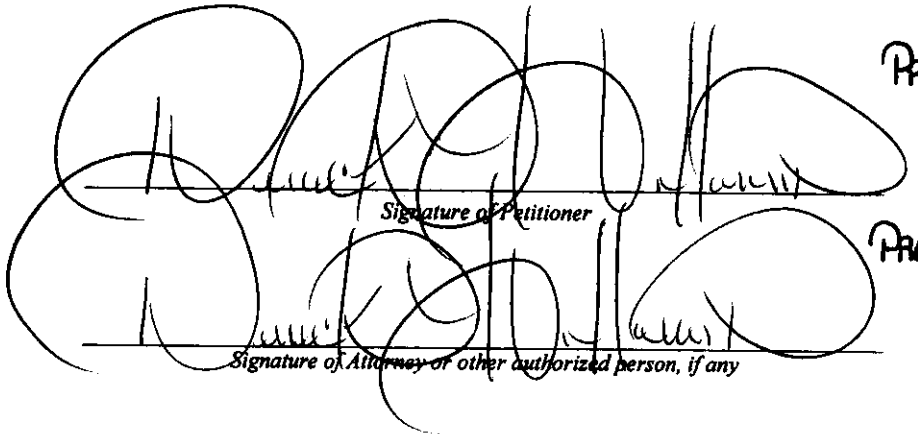
If you are incarcerated, on what date did you place this petition in the prison mail system:

DEC. 12, 2018

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date:

12.12.2018

A large, stylized handwritten signature in black ink, consisting of several loops and vertical strokes, written over a horizontal line.

Signature of Petitioner

PRO SE

PRO SE

Signature of Attorney or other authorized person, if any

Court Name: District Court
Division: 3
Receipt Number: 333063951
Cashier ID: gangel
Transaction Date: 01/14/2019
Payer Name: DEPT OF JUSTICE

WRIT OF HABEAS CORPUS
For: DERRICK HOLLOWAY
Case/Party: D-PAH-3-19-CV-000000-001
Amount: \$5.00

Paper Check Conversion
Check/Money Order Num: 93184317
Amt Tendered: \$5.00

Total Due: \$5.00
Total Tendered: \$5.00
Change Amt: \$0.00

Only when bank clears the check or
verifies credit of funds is the fee
or debit officially paid or
discharged. A \$53.00 fee will be
charged for returned checks.

ATTN: CLERK OF COURT,

FILING FEE OF \$5.00 ENCLOSED.

Thank You.

Wanda D. Hill

DERRICK Holloman # 84429-057
Federal Correctional Institution Schuylkill
P.O. Box 759
Minersville, PA 17954-0759
Mailed from
Federal Correctional Institution
Schuylkill, PA

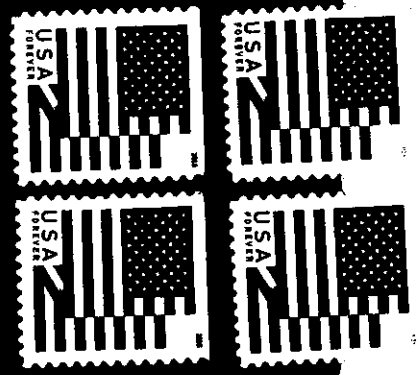
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SC RANTON

JAN 14 2019

PER DEPUTY CLERK

1599/

\$



Peter J. Welsh
Acting Clerk of Court

Office of the Clerk

UNITED STATES DISTRICT COURT

for the
MIDDLE DISTRICT OF PENNSYLVANIA
William J. Nealon Federal Bldg. & U.S. Courthouse
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148